



**COUNTY OF SAN DIEGO**  
**GREGORY J. SMITH**  
**ASSESSOR/RECORDER/COUNTY CLERK**



**APPLICATION FOR COPY OR  
SEARCH OF MARRIAGE RECORD  
BY MAIL**

Records are available for marriages only if the license was issued in San Diego County. A certified copy of a marriage record will be provided for a \$13.00 fee per copy. The fee is nonrefundable. If no record of the marriage is found, pursuant to Health and Safety Code 103650, the \$13.00 fee will be retained for searching and a Certificate of No Record will be issued.

I would like a **Certified copy** of a marriage record identified on this application form (please mark appropriate box).

- ☐ **Public Marriage** (Fill out section I and III)  
☐ **Confidential Marriage** (Fill out section I, II, and III) - *Requires notarization.*

<b>I. MARRIAGE INFORMATION (Please print or type)</b>		<b>\$13.00 EACH COPY</b>
Name of groom	Prior name of bride	
Date of marriage	Number of copies	

**II. CONFIDENTIAL MARRIAGE ONLY**

Pursuant to Family Code Section 509, a Confidential marriage certificate may be obtained **only** by a party to confidential marriage (**bride or groom**), or pursuant to Family Code Section 511, by order of the court upon a showing of good cause.

Signature of Bride or Groom: \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGEMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_

personally appeared \_\_\_\_\_

- ☐ personally known to me ☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

**III. COMPLETE MAILING INFORMATION**

Number of Marriage Certificates \_\_\_\_\_ x \$13.00 = \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Please mail this request along with your payment payable to:

**San Diego County Recorder/County Clerk**  
**P.O. Box 121750**  
**San Diego CA 92112-1750**